

Annual Fiscal Report Instructions

Information provided in the Annual Fiscal Report shall reflect the grantee's triage personnel staff hired, date hired, total hours worked, and expenditures for personnel, evaluation and administration.

The information listed below shall be included in the grantee's Annual Fiscal Report.

A. EXPENDITURES

1. Personnel Expenditures

- **Identify each type of staff position hired.** (Example: Such as clinical social worker, peer service provider, mental health worker, supervisor, etc.) [Line "A," Number 1: "Personnel Expenditures"]
- **Identify the total number of hours worked by April of each fiscal year for each staff position.** [Column titled: "Total Hours Worked"]
- **Identify the number of county staff and contract staff hired for each type of position in full time equivalents (FTEs).** For instance, if you hired one full-time mental health worker and one half-time mental health worker, the FTEs would reflect 1.5. for mental health workers. [Columns titled: "County Staff FTEs" and "Contract Staff FTEs"]
- **Identify grant expenditures for staff salaries in total, for each type of staff position hired.** [Columns titled: "County Staff" and "Contract Staff"]
- **Total the FTEs and Salaries for all county staff and all contract staff.** [Line titled: "Total FTEs and Salaries"]
- **Total for employee benefits for all county staff and all contract staff.** [Line titled: "Total Employee Benefits"]

2. Total Personnel Expenditures

- **Add total personnel expenditures for county staff and contract staff from above.** [Line titled: "Total Personnel Expenditures"]

3. Evaluation Expenditures

- **Identify grant expenditures associated with collecting and reporting "process," "encounter based" and "local" evaluation information required by this grant.** [Line titled: "Evaluation Expenditures"]

4. Direct

- **Identify direct costs associated with this grant.** (The total of Direct Costs, Indirect Costs and County Administration shall not exceed 15%.) [Line titled: "Direct Costs"]

5. Indirect

- **Identify indirect costs associated with this grant.** (The total of Direct Costs, Indirect Costs and County Administration shall not exceed 15%.) [Line titled: "Indirect Costs"]

6. County Administration Expenditures

- **Identify grant costs for county administration.** (The total of Direct Costs, Indirect Costs and County Administration shall not exceed 15%.) [Line titled: "County Administration Costs"]

7. Subtotal

- **Add Personnel (line 2), Evaluation (line 3), Direct (line 4), Indirect (line 5) and County Administration (line 6) Expenditures.** [Line titled: "Subtotal"]

B. ACTUAL REVENUES**1. Medi-Cal**

- **Identify revenue received from Medi-Cal (FFP only).** [Line titled: "Medi-Cal FFP only"]

2. Other Revenue

- **Identify any other revenue received.** [Line titled: "Other Revenue"]

3. Total Revenue

- **Identify Total revenue received.** [Line titled: "Total Revenue"]

C. GRANT FUNDING**1. Total Grant/ Awarded**

- **Identify total grant funding awarded.** [Line titled: "Total Awarded"]

2. Total Spent

- **Identify total grant funding spent.** Subtract line 7, Section A from line 3, Section B, then subtract line 1, Section C to get Total Grant Funding Spent. [Line titled: "Total Spent"]

3. Total Unspent

- **Identify total unspent grant funds.** Subtract line 2, Section C from line 1 Section C, to get Total Grant Funding Unspent. [Line titled: Total Unspent"]

D. INTEREST

- **Identify interest earned on triage grant funds** (*Counties are not required to place triage grant funds in an interest bearing account, however, if the county places triage grant funds in such an account, the Triage grant funds must be accounted for separately. Interest earned from the Triage funds must be reported separately within the Triage line item*).

Please submit a hard copy of the Annual Fiscal Report with wet signatures in blue ink to:

**MHSOAC – Triage Unit
1325 J Street, Suite 1700
Sacramento, CA 95814**